

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

BENDAS FOR CONGRESS

C00474445

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

A. Cumulative Individual expenses Under \$200 3Q2010

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Campaign material

0 0 6

Candidate Name

Michael Bendas

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

B. Cumulative Individual Expenses Under \$200 3Q2010

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Campaign events

0 0 7

Candidate Name

Michael Bendas

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

C. Republican Organization of Lyons Township

Mailing Address

10001 W. Roosevelt Rd

City State Zip Code
Westchester IL 60154

Amount of Each Disbursement this Period

Purpose of Disbursement

Campaign meeting room Rent

0 0 7

Candidate Name

Michael Bendas

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☒ General
☐ Other (specify)

State: District:

4 8 4 8 7

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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